

# October 2006 Lessons Learned Information Sharing Newsletter Contents

- School Emergency Planning
- Radiological Dispersal Devices
- DHS Hurricane Preparedness Exercise After-Action Reports
- Target Capabilities List
- New Original Content Posted Since September Newsletter
  - 15 Lessons Learned
  - 10 Practice Notes
  - 1 Good Story
- Upcoming *LLIS.gov* Conference Participation

## **School Emergency Planning**

## LLIS.gov Launches School Emergency Planning Page

To capture lessons from a variety of school incidents, *LLIS.gov* is conducting research in the area of school emergency planning. This original research will be presented on the **School Emergency Planning** page along with after-action reports, related documents, templates, plans, related links, recent news, upcoming conferences, and more. *LLIS.gov* has assembled these resources to help emergency planners, responders, and administrators work together to develop and maintain comprehensive school emergency plans. If you would like to share your school emergency plans, lessons, or other with the *LLIS.gov* network, please <u>submit your documents</u> or email your comments, experiences, and observations to <u>schoolsafety@llis.dhs.gov</u>.

#### [Top of Page]

**Radiological Dispersal Devices** 

#### New Resource Page on Radiological Dispersal Devices (RDD)

Since 2001 Al Qaeda and other terrorist organizations have shown strong and consistent interest in developing and employing RDDs or "dirty bombs." RDDs are relatively easy to build and radiological materials can be acquired from many industrial or medical sources. To aid emergency response planners in understanding and mitigating this threat, *LLIS.gov* has developed the **Radiological Dispersal Devices** page to provide emergency response planners with RDD and relevant radiological incident response documents, plans, and studies. Log onto *LLIS.gov* to access the **RDD** page. Also, please submit your jurisdiction's plans and experiences, lessons learned, and other observations or comments to **RDD@llis.dhs.gov**.

#### [Top of Page]

**DHS Hurricane Preparedness Exercise After-Action Reports** 

### After-Action Reports (AAR) from 2006 DHS Hurricane Preparedness Exercises Now Available

The devastation caused by Hurricanes Katrina, Rita and Wilma highlighted the need for all levels of government to examine and revise coordination and response plans in anticipation of a catastrophic storm striking the US. In response, DHS conducted five regional tabletop exercises (TTXs) preceded by preparatory activities, such as senior leaders seminars. The discussion-based tabletop exercises included representation by federal, state and local, territory and tribal governments, as well as nongovernmental organizations, and the private sector from Gulf Coast and Eastern Seaboard states and territories in FEMA regions I, II, III, IV and VI. The AARs from these exercises are located on the Hurricane Preparedness

# **Exercises** page.

# [Top of Page]

**Target Capabilities List** 

## **DHS Updates Target Capabilities List (TCL)**

The DHS has released the updated <u>Draft Target Capabilities List: A Companion to the National Preparedness Goal (Version 2.0)</u>. The TCL supports the National Preparedness Goal by defining the capabilities to achieve national preparedness. It defines and provides the basis for assessing preparedness as described in the four Homeland Security Missions: Prevent, Protect, Respond, and Recover. It also establishes national targets for the capabilities to prepare the Nation for major all-hazards events, such as those defined by the National Planning Scenarios. The current version of the TCL contains 37 core capabilities, which serve to guide preparedness activities such as planning resources, setting training requirements, holding exercises, and conducting operations.

#### [Top of Page]

**New Original Content Posted Since Last Newsletter** 

The *LLIS.gov* Team continues to post new Lessons Learned, Best Practices, and Good Stories to the system on a regular basis. Weekly updates about new original content can be found in the "What's New" section on the homepage of *LLIS.gov*. Since the last newsletter, *LLIS.gov* has posted the following original content:

#### Lessons Learned

- Emergency Dispatch: Incorporating Appropriate Notification Information into Computer Aided Dispatch Systems (Volusia County, FL Terrorism Rail Exercise, 2006)

  Emergency response planners should ensure that their computer aided dispatch systems contain notification information for all organizations that may be called to respond to an incident. This can reduce the likelihood that dispatchers will overlook key response agencies during the notification process.
- Emergency Medical Services: Assigning an Administrative Aide (Rhode Island Station Club Fire, 2003)
  - Emergency medical service command personnel should assign an aide to help with the administrative aspects of command as soon as resources allow and conditions warrant after a mass casualty incident.
- Exercise Conduct: Developing Procedures to Identify and Remove Problematic Volunteers (Volusia County, FL Terrorism Exercise, 2005)

  Exercise planners should consider developing procedures to identify and remove potentially problematic volunteer actors before the start of full-scale exercises. This can reduce the likelihood that volunteer actors' behavior will disrupt the exercise.
- Exercise Logistics: Using Private Property with Strict Security Protocols as Exercise Locations (South Carolina Country Region Full Scale Exercise, 2005)

  Exercise planners should carefully consider the implications of locating full-scale exercises on private property. Owners of private property sometimes impose restrictive security policies that can induce artificiality and inhibit exercise conduct depending on the exercise objectives.
- Hospital Emergency Planning: Identifying Essential Secondary Care Specialists (Hurricane Katrina, 2005)
   Hospitals should consider identifying secondary care specialists from their staffs who will be ready to
- work on short notice during an extended emergency. Hospital managers should take into account appropriate representation of the specialties required for a given type of disaster.
- Incident Command: Limiting the Number of Personnel at Command Posts (Volusia County, FL Terrorism Rail Exercise, 2006)
   Incident commanders should consider limiting the number of personnel at command posts to mission-essential staff. This reduces the likelihood that commanders will be distracted from their core command responsibilities.
- Incident Site Management: Establishing Procedures to Reduce Radio Noise in Command Post

Facilities (Volusia County, FL Terrorism Rail Exercise, 2006)

Jurisdictions should consider establishing procedures to reduce excessive radio noise in command post (CP) facilities. Noise generated by radio traffic can hinder communication among personnel within a CP facility.

- Incident Site Safety: Establishing Perimeters and Maintaining Crowd Control (Pierce County, WA Terrorism Early Warning/Response Taskforce Cascade Resolve 05 Exercise, 2005)

  An on-scene command police officer should designate an officer to establish a security perimeter around an incident site that would aid crowd control efforts. This officer should be able to contact the local transportation department in order to request barricades and other perimeter control barriers.
- Infection Control: Cohorting Ill Patients in a Single Hospital Unit (SARS Outbreak, 2003)

  During an infectious disease outbreak, hospitals may not have sufficient capacity to house all symptomatic and potentially contagious patients in controlled Airborne Infection Isolation rooms (AIIR), or negative pressure rooms. Officials at hospitals that lack adequate AIIR capacity may instead consider cohorting ill patients in traditional patient rooms contained within one section of the facility, thereby creating a single nursing ward.
- Infectious Disease Outbreaks: Establishing Separate Triage and Assessment Facilities (SARS Outbreak, 2003)
  - During an infectious disease outbreak, public health and medical professionals may guard against disease transmission in medical settings by setting up separate triage and assessment centers.
- Mass Casualty Incident: Establishing a Staging Area (Rhode Island Station Club Fire, 2003)
  Incident commanders should establish a staging area and assign a visually identifiable emergency medical services (EMS) command officer to coordinate it as soon as possible after a mass casualty incident. The staging area should be large enough to contain the number of vehicles anticipated and to allow for rapid access and egress. Vehicles in the staging area should be organized by function, and EMS crews should remain with their vehicles until given an assignment.
- <u>Mass Casualty Incidents: Notifying Incident Command of Victims Requiring Medical Attention</u> (*Rhode Island Station Club Fire, 2003*)
  - Emergency responders providing shelter to injured persons after a mass casualty incident should notify incident command of their location, the number of victims in their care, and the extent of their injuries as soon as possible.
- Quarantine and Isolation: Ensuring Employment Security for Quarantined Populations (SARS Outbreak, 2003)
  - Public health intervention measures such as quarantine and isolation may threaten an individual's employment status by requiring the employee to be absent from work. During the 2003 Severe Acute Respiratory Syndrome (SARS) virus outbreak in Toronto, Canada, the provincial government of Ontario passed legislation that protected the jobs of quarantined and isolated individuals on SARS-related leave.
- Quarantine and Isolation: Offering Income Replacement to Quarantined Citizens (SARS Outbreak, 2003)
  - Quarantine and isolation measures that require citizens to be absent from work for a given period of time may result in the loss of income for affected citizens. During the Severe Acute Respiratory Syndrome (SARS) virus outbreak in Toronto, Canada in 2003, the provincial government created a program that compensated individuals who were forced to be absent from work due to SARS-related causes.
- Strategic National Stockpile Dispensing: Maintaining Patient Privacy during Medical Screening
  (State of Michigan SNS Full-Scale Exercise, 2003)
   Point of dispensing (POD) site staff should locate clinic treatment areas away from medical screeners.
  - Point of dispensing (POD) site staff should locate clinic treatment areas away from medical screeners. Staff should set up the medical screening area so that medical screeners are spaced at an appropriate distance from each other to maintain patient privacy.

#### Practice Notes

■ Exercise Design: The City and County of San Francisco, California's Design Team

The City and County of San Francisco (CCSF) Office of Emergency Services uses the Incident

Command System to determine the composition of its exercise design team. This ensures that all

CCSF primary and support agencies participating in an exercise are involved in the planning process.

- Exercise Evaluation: Idaho Bureau of Homeland Security's Red Card System
  - The Idaho Bureau of Homeland Security is developing a standardized exercise evaluator identification card that lists the evaluator's areas of expertise.
- Exercise Logistics: Westmoreland, Pennsylvania's Refreshment Distribution

  The Westmoreland, Pennsylvania Department of Public Safety works with the Salvation Army to provide boxed meals for exercise participants at the end of full-scale exercises. This practice increases the likelihood of players remaining for the exercise hotwash.
- **Exercise Planning: City of Pittsburgh, Pennsylvania Office of Emergency Management's Incentives for Recruiting Volunteers** 
  - Exercise planners for the Pittsburgh Office of Emergency Management used a free concert at PNC Park to recruit large numbers of volunteers required for an evacuation exercise.
- Exercise Planning: City of Pittsburgh, Pennsylvania Office of Emergency Management's Volunteer Registration
  - The City of Pittsburgh Office of Emergency Management pre-registered volunteers weeks prior to an exercise in order to expedite sign-in and moulage procedures.
- Exercise Program Management: Colorado Department of Emergency Management's Electronic Exercise Calendar Updates
  - The Colorado Division of Emergency Management (CDEM) sends out periodic electronic exercise calendar updates to local and regional exercise personnel. These updates include information on exercise and training opportunities and encourage officials to inform CDEM of their upcoming exercises.
- Exercise Program Management: The Idaho Bureau of Homeland Security's Mobile Exercise Laboratory
  - The Idaho Bureau of Homeland Security developed a Mobile Exercise Laboratory to provide all required resources for an operations-based exercise. The laboratory carries exercise supplies and can serve as a master control cell or a simulation cell during an exercise.
- Radiological Incident Response: Metropolitan Washington, DC's Dosimeter Tracking Form for Emergency Responders
  - The Metropolitan Washington Council of Governments' "Radiological Dispersal Device (RDD) Response Guidelines" includes a dosimeter tracking form to help the incident site safety officer record emergency responders' accumulated radiation doses. Specialized rescue and hazardous materials teams operate under their specific plans for RDD incidents, which are outside the scope of these guidelines.
- Radiological Incident Response: Metropolitan Washington, DC's Notification List for Emergency Response Personnel
  - The Metropolitan Washington Council of Governments' "Radiological Dispersal Device (RDD) Response Guidelines" provides safe guidance for first responders during the initial stages of an RDD incident. The guidelines include a list of federal, state, and local agencies that should be notified by first responding company officers after an RDD event. Specialized rescue and hazardous materials teams, which are outside the scope of this plan, should operate under their specific plans for RDD incidents.
- Radiological Incident Response: New York City's Guidelines for Transport of Radioactively-Contaminated Patients
  - The New York City Fire Department issued guidelines for transporting radioactively contaminated patients from a radiological incident site to medical facilities to help limit the spread of radioactive material.

## Good Story

Dare County, North Carolina's Post-Evacuation Reentry Permits

Dare County, North Carolina uses pre-distributed permits to support the phased reentry of an evacuated population back into the county. Reentry permits clearly identify authorized returnees, including non-resident property owners and critical business employees. These permits improve traffic flow at reentry checkpoints and allow emergency managers to clearly communicate reentry phases to the public.

### [Top of Page]

# **Upcoming LLIS.gov Conference Participation**

The *LLIS.gov* team travels around the country speaking and exhibiting at conferences and events. *LLIS.gov* staff will attend and speak at the following upcoming events:

- 02-05 October: Joint Lessons Learned Conference World Wide Joint Training and Scheduling Conference (Little Rock, AR)
- 11 November: Preventing a Terrorist Attack: A Pro-Active Approach (Newark, NJ)
- 12-15 November: International Association of Emergency Managers Annual Conference (Orlando, FL)
- 13-16 November: HazMat Explo 10 (Las Vegas, NV)
- 15-17 November: New Jersey HazMat/BCRNE Conference (Sayreville, NJ)
- 28-30 November: DHS Office of Grants and Training 2006 National Conference A Partnership for Preparedness (Washington, DC)

Feel free to drop by our booth or speak to our staff at any of these events and share your comments and questions about *LLIS.gov*. Please contact the *LLIS.gov* Outreach Team at <a href="mailto:outreach@llis.dhs.gov">outreach@llis.dhs.gov</a> with any questions or comments, or if you have a conference or event at which you would like the *LLIS.gov* team to present or exhibit.

[Top of page]